Basis for the Amendment

The applicant has discovered a method for prevention and reversal of weight gain associated with the use of psychotropic active, antipsychotic or mood stabilizing drugs for the treatment of schizophrenia and other psychoses, bipolar disorders, depressive illness, impulse-control disorders and related conditions as well as the minimization of weight gain, through the concomitant use of histamine H_2-receptor antagonists. The combination use of a psychotropic active drug, such as nizatidine, famotidine, cimetidine, and ranitidine, with an histamine H_2-receptor antagonist, not only effectively treats the mental illness but surprisingly results in the prevention or reversal of weight gain associated with the conventional usage of these psychotropic, active antipsychotic or mood stabilizing drugs.

In order to emphasize the utilization of these two types of drugs in combination and the impact of the utilization of this combination of drugs on weight loss, each of the independent claims of the application have been amended to positively claim the use of a combination of two drugs, one a psychotropic active, antipsychotic or mood altering drug, designed for the treatment of particular mental illnesses including schizophrenia and other psychoses, bipolar disorders, depressive illness, impulse-control disorders and related conditions, and the second drug an histamine H_2-receptor antagonist to prevent or reverse weight gain normally

associated with taking the first drug. Basis for this amendment is contained on page 1, lines 5 - 7 and at a number of locations throughout the application, including the discussion of the psychotropic and mood altering drugs. No new subject matter is introduced by any of these amendments.

Analysis of Rejections

Rejections under 35 USC § 102

The USPTO asserts that U.S. Patent No. 4,293,562 ("Ritter") discloses all elements of the invention. As admitted by the USPTO, Ritter merely discloses the administration of an H_2-antagonists with an "anorexant" for the suppression of appetite of a mammal. As explained by Ritter, "anorexants" are nothing more than amphetamines or non-amphetamine compositions, which behave in a manner similar to amphetamines. (See Col. 1, lines 36 - 56.)

The applicant acknowledges that Ritter discloses the use of a particular H_2-antagonist, i.e., cimetidine. Further, the applicant acknowledges that the particular H_2-antagonist that is disclosed is utilized with the anorexant as a means to prevent weight gain. However, the applicant respectfully asserts that Ritter fails to disclose the second component of his claims i.e., the use of mood altering or psychotropic drugs especially for the treatment of schizophrenia and other psychoses, bipolar disorders, depressive illness, impulse-control disorders and related conditions. (The applicant notes that Claims 33 and 38 have not been rejected based on Ritter, presumably because these claims specifically claim particular antipsychotic drugs or mood altering drugs that are not disclosed by Ritter.)

The applicant respectfully asserts that there is no relationship between the use of an "anorexant," as taught by

Ritter, and the use of the "psychotropic" or mood altering drugs, that are claimed in the claims of the application. Ritter specifically defines an "anorexant" as being in the class defined in the Physicians' Desk Reference as an "appetite suppressant." (See Col.1, lines 36 - 43.) In contrast, the applicant is claiming the use of "antipsychotic" or "psychotropic" drugs, an entirely different class of drugs as listed in the same Physicians Desk References. (See pp 203 and 205, Ex. A.)

To emphasize this distinction, the applicants have amended the claims to clarify that the process requires the use of a psychotropic active compound or mood altering drug utilized for the treatment of very specific mental disorders, i.e. schizophrenia and other psychoses, bipolar disorders, depressive illness, impulse-control disorders and related conditions. These conditions are not the same as or in any way related to utilization of the drugs in Ritter for "suppressing the appetite impulse." (Col. 1, line 9) The entire focus of Ritter is on the "anorexic effects" from the use of a combination of amphetamines and cimetidine. (See the Title of the application, Col. 1, lines 9 - 10, 14 - 15, 19, Col. 2, lines 11 - 12, 22 - 23, 42 - 43, 52, 56, 62 and 67 and at other locations throughout the patent.) Not only does Ritter fail to disclose the use of an antipsychotic or psychotropic compound, as claimed, no person skilled in the art attempting to discover a drug combination to prevent weight gain and treat mental disorders including

schizophrenia and other psychoses, bipolar disorders, depressive illness, impulse-control disorders and related conditions utilizing an antipsychotic drug would look to the use of anorexants, as is taught by Ritter, as these drugs are not antipsychotic drugs. (See Exhibit A)

Further, there is no disclosure of any utilization of any psychotropic or mood altering drug for any use in Ritter, and specifically no disclosure of the use of these drugs for the treatment of varies mental illnesses, as is now claimed in the application. Thus, each and every element of the invention, as claimed, is clearly not taught by Ritter, as Ritter fails to disclose the utilization of the particular psychotropic active drugs alone or for the treatment of various mental illnesses by use of these drugs, as is claimed in all the claims of the application.

In addition, from a medical prospective, the applicant asserts that it would be counterintuitive to utilize the amphetamines, that are disclosed in Ritter, for the treatment of psychoses of the type that are treated by the drugs claimed in the application. It is well known that individuals with these types of mental disorders have a much higher than average rate of substance abuse than the general population. Thus, they would not be a population well served by the use of amphetamines. In addition, bipolar patients can easily be pushed into mania by the addition of psycho stimulants, such as amphetamines. Further, while this patent has

been around for over twenty years, the applicant respectfully asserts that it has never been marketed. This would indicate to a person skilled in the art at the time of filing of the application that it lacks clinical usefulness.

Further, the use of the terms "mood altering drugs" or "psychotropic agents" indicates a drug that induces responses in a patient that are not induced by the utilization of anorexants. Further, these drugs are not utilized for the treatment of the specific mental disorders that are now claimed in all the independent claims of the application.

Finally, under any circumstances Claims 33 and 38 are clearly allowable over Ritter, as they claim the use of <u>particular</u> psychotropic or mood altering drugs, which are not disclosed or suggested by Ritter.

<u>Rejection under 35 USC § 103</u>

The second argument made by the USPTO is that all claims of the application must be rejected based on the combination of Bymaster, et. al. in view of Deutsch, et. al. and Kaminiski and Vivino.

The applicant respectfully asserts that the USPTO has failed to satisfy its burden to establish *prima facie* obviousness. To reject claims under 35 USC § 103, the USPTO is required to identify where in the cited references there is a motivating suggestion to

combine a psychotropic active compound, a mood altering drug or an unconventional antipsychotic drug, specifically for a patient in need of said active compound, which is utilized for the treatment of particular types of mental illness, with a histamine H_2-receptor antagonists to minimize weight gain. (Note that many of the claims are method claims, claiming a "method for minimizing weight gain.") The applicant respectfully asserts that such motivation is clearly not present in any of the references cited. In fact, it is the applicant's view that the Examiner inherently acknowledges that there is no statement in any of the references that the combination of these drugs would result in a minimization of weight gain, as required to prove *prima facie* obviousness.

In In re Jones, 958 Fed.2d 347, 21 USPQ2d 1941, 1944 (Fed. Cir. 1992), citing In re Lalu, 747 Fed2d 703, 705, 223 USPQ 1257, 1258 (Fed. Cir. 1984), the Court stated that "[t]he prior art must provide one of ordinary skill in the art the motivation to make the proposed... modification needed to arrive at the claim compound." The USPTO has failed to disclose any suggestion or motivation from any reference which would suggest the combination of a psychotropic, mood altering or antipsychotic drug for the treatment of particular types of mental illness to be utilized with a histamine H_2-receptor antagonist for a patient who also wishes to minimize weight gain from taking that drug.

Moreover, the USPTO has failed to prove that the combination

of these two types of drugs is a "desirable" modification to cause the minimization of weight gain. The "desirability" of the motivation must also be proved to establish *prima facie* obviousness.

> The mere fact that the prior art may be modified in the manner suggested by the Examiner does not make modification obvious, unless the prior art suggested the desirability of the modification. In re Fritch, 922 Fed.2d 1260, 23 USPQ2d 1780, 1783-84 (Fed. Cir. 1992).

In addition, the USPTO has failed to show that the motivating suggestion to combine these two different types of drugs for patients in need of a mental illness drug, but who also wishes to minimize weight gain, is an "explicit" suggestion and not merely some vague reference to a possible modification.

> ...Invention can not be found obvious unless there was some explicit teaching or suggestion in art to motivate one of ordinary skill to combine elements so as to create same invention. Winner International Royalty Corp. vs. Wang, 48 USPQ2nd 1139, 1140 (D.C.D.C. 1998)

Clearly there is no teaching of a motivation within any of these references that it would be desirable to combine an effective mental illness drug with a histamine H_2-receptor to minimize weight gain, much less an explicit teaching of this result.

In support of its position, the USPTO asserts that Bymaster can be combined with one of the other references to teach the combination use of an antipsychotic drug with a histamine H_2-receptor for the control of weight gain in patients in need of the antipsychotic drug for the treatment of mental illness. While it

is important not to limit the analysis under § 103 to a reference-by-reference approach, it is necessary first to understand the teaching of the primary reference cited, Bymaster, et. al. before it can be determined whether that reference can be combined with any of the other cited references.

The teaching of Bymaster, et. al. is quite simple. It teaches that a patient suffering from various mental illnesses can be treated by "administrating to said patient an effective amount of a first component which is atypical antipsychotic, in combination with an effective amount of a second component which is a serotonin reuptake inhibitor." (Page 2, lines 17 - 19.)

The first component, which is an atypical antipsychotic, is one of the two components that are claimed by the applicant. However, the second component is not taught or suggested by the applicant in the application. The second component, as discussed throughout Bymaster, is a serotonin reuptake inhibitor. The list of serotonin reuptake inhibitors is contained on page 3 of Bymaster. The remaining pages of Bymaster discuss the combination of these two components. Each of the Examples as well as every claim discloses utilization of only these two components. Thus, the teaching of Bymaster is that if one wants to treat various psychoses, one should combine an atypical antipsychotic with a serotonin reuptake inhibitor. <u>There is absolutely no teaching in Bymaster of the use of a histamine H_2-receptor antagonist, as is</u>

claimed in the application. In fact, there is no suggestion or any motivation in Bymaster, et. al. for the use of an H_2-antagonist for any use! There is also no teaching that any of the disclosed products would be useful "to minimize weight gain." These facts are acknowledged by the USPTO on page 4 of its Office Action where it states "Bymaster does not teach the use of a H_2-antagonist in his methods." Any such motivation or suggestion must be provided by one of the other references that are cited. Thus, the issue is whether that motivation or suggestion is explicitly provided by any of the other references that are cited.

The first two references that are cited, Deutsch, et. al. and Kaminiski teach the addition of an H_2-antagonist solely for the treatment of schizophrenia. Neither Kaminiski nor Deutsch, et. al. teach the use of H_2-antagonists with psychotropic active, mood altering or unconventional antipsychotic drugs, as claimed by the applicant, for any use. Further, neither teach the use of H_2-antagonists to prevent weight gain.

The USPTO acknowledges that none of Bymaster, Deutsch or Kaminiski "explicitly recite that H_2-antagonist can also be used for purposes of weight control and weight loss." (Page 4.) Thus, the combination of these three references are acknowledged by the USPTO as not teaching what is claimed in any of the claims of the application. Thus, it is clear and is acknowledged by the USPTO that there is no motivation or suggestion provided in any of these

three references to combine the use of an H_2-receptor antagonist with an psychotropic or mood altering drug for the treatment of specific types of mental illness while also controlling weight gain.

The USPTO cites as the sole reference in support of its combination of references, Vivino, U.S. Patent No. 4,220,653. In the Office Action, the USPTO asserts that "Vivino describes the state of art that H_2-antagonist such as cimetidine are used for persons suffering from excessive weight as a mode to reduce the feelings of hunger and food intake. Thus, Vivino suggests that H_2-antagonists such as cimetidine are effective for suppressing appetite." The USPTO then concludes that, "[t]herefore, employing weight control benefits of H_2-antagonists as described by as described by Vivino would have also been obvious, because the ordinary skill in the art would have had a reasonable expectation of success to observe all therapeutic benefits of such drugs including its appetite reducing effects in the recipient patients." (Page 5)

It is acknowledged that Vivino teaches the use of H_2-antagonist for excessive weight gain. However, that is not the issue. Further, it is clear that Vivino, by itself, fails to disclose the use of an H_2-antagonist with any of the antipsychotic drugs that are taught in the other references. Thus, the ultimate issue is whether there is a motivation to **combine** the teaching of

Vivino with the teachings of the other cited references to teach the invention, as claimed. Is there a suggestion or motivation from any of the cited references that the combination of the H_2-antagonist, taught by Vivino, would reduce weight gain in individuals taking antipsychotic drugs? The simple answer is "No." In fact, Vivino teaches away from this combination of these drugs. All that is necessary to understand what is taught by Vivino is to review the method of use of the H_2-antagonist according to the invention of Vivino, as disclosed at Col. 3 through Col. 4. Vivino states as follows,

> The method according to the invention has been evaluated in forty-two cases which are summarized in the following table:

The last of the requirements for the Vivino method states as follows:

> 15. No patient was on any other medication.

Further, none of the individuals identified in Vivino had any mental health issues.

Thus, the clear and unambiguous teaching of Vivino is that the H_2-antagonist may only be utilized when no other drugs are also utilized which might interfere with the operation of the H_2-antagonists. While not stated directly, it is also clear that Vivino teaches that highly active and highly reactive drugs, such as the antipsychotic and mood altering drugs, should not be taken

at the same time as H_2-antagonist, if weight loss is to be achieved.

Further, applicant asserts that the method of Vivino has never been commercialized, as no H_2-antagonist has commercially been offered for weight loss. Thus, the industry has failed to accept the teaching of Vivino, perhaps because of the change in the understanding concerning the mechanism of weight loss since Vivino.

Thus, not only does Vivino not disclose the combination of H_2-antagonists with antipsychotic or mood altering drugs, as claimed in the application, it teaches away from the utilization of the H_2-antagonist with any drugs, including antipsychotic and mood altering drugs. Thus, not only is there no motivation to combine the teaching of Vivino with the teaching of the three other references, the teaching of Vivino is counter intuitive to that utilization. Under 35 USC § 103 to combine references, it is required that there be a motivation or suggestion in the references for that combination. Not only is that motivation and suggestion lacking, Vivino teaches away from such combination.

CONCLUSION

The applicant respectfully assert that there is no teaching in any of the references that are cited of a motivation to combine Vivino, which is the only reference teaching the utilization of H_2-antagonist for weight control, with any of the other cited references. Thus, the applicant respectfully asserts that all claims of the application are allowable over the references cited. If there are any questions concerning this Amendment, please contact applicant's counsel.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 1, 2005 Holly Hart

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Marcaine Hydrochloride Injection (Sanofi Winthrop Pharmaceuticals) 2101
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Marcaine Hydrochloride with Epinephrine 1:200,000 (Sanofi Winthrop Pharmaceuticals) 2101
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RETROBULBAR
Duranest Injections (Astra) 541
Marcaine Hydrochloride with Epinephrine 1:200,000 (Sanofi Winthrop Pharmaceuticals) 2101
Marcaine Hydrochloride Injection (Sanofi Winthrop Pharmaceuticals) 2101

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Hurricaine Topical Anesthetic Liquid, .25 gm, 1 oz Wild Cherry and Pina Colada .25 ml Dry Handle Swab Wild Cherry, ⅛ oz Wild Cherry (Beutlich) 607
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ANGINAL PREPARATIONS
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ANORECTAL PRODUCTS

CREAMS, FOAMS, LOTIONS, OINTMENTS
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Cortifoam (Reed & Carnrick) 324, 1836
Epifoam (Reed & Carnrick) 324, 1838
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Hurricaine Topical Anesthetic Spray Kit (Beutlich) 607

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(see OPHTHALMIC PREPARATIONS, ANTI-INFECTIVES)

ANTIBIOTICS, OTIC
(see OTIC PREPARATIONS)

ANTIBIOTICS, SYSTEMIC
(see ANTI-INFECTIVES, MISCELLANEOUS SYSTEMIC; ANTIPARASITICS; QUINOLONES, SYSTEMIC; SULFONAMIDES & COMBINATIONS, SYSTEMIC; URINARY ANTI-INFECTIVES & ANALGESIC COMBINATIONS)

ANTIBIOTICS, SYSTEMIC

AMINOGLYCOSIDES & COMBINATIONS
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1ST GENERATION
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Duricef (Princeton) 323, 1799
Keflex Pulvules & Oral Suspension (Dista) 872
Keftab Tablets (Dista) 308, 873
Kefzol Vials, Faspak & ADD-Vantage (Lilly) 1241

2ND GENERATION
Ceclor Pulvules & Suspension (Lilly) 315, 1213
Cefotan (Stuart) 332, 2325
Ceftin Tablets (Allen & Hanburys) 304, 477
Kefurox Vials, Faspak & ADD-Vantage (Lilly) 1239
Mandol Vials, Faspak & ADD-Vantage (Lilly) 1246
Mefoxin (Merck & Co., Inc.) 1482
Mefoxin Premixed Intravenous Solution (Merck & Co., Inc.) 1485
Monocid Injection (SmithKline Beecham Pharmaceuticals) 330, 2262
Zefazone I.V. Solution (Upjohn) 2460
Zefazone Sterile Powder (Upjohn) 2460
Zinacef (Glaxo Pharmaceuticals) 311, 1021

3RD GENERATION
Cefizox for Intramuscular or Intravenous Use (Fujisawa) 963
Cefobid Intravenous/Intramuscular (Roerig) 1973
Cefobid Pharmacy Bulk Package - Not for Direct Infusion (Roerig) 1975

Nuprin Ibuprofen/Analgesic Tablets & Caplets (Bristol-Myers Products) ... 306, 684
Orudis Capsules (Wyeth-Ayerst) ... 336, 2571
Ponstel (Parke-Davis) ... 322, 1768
Relafen Tablets (SmithKline Beecham Pharmaceuticals) ... 330, 2275
Tolectin (200, 400 and 600 mg) (McNeil Pharmaceutical) ... 318, 1363
Toradol IM Injection (Syntex) ... 333, 2372
Toradol Oral (Syntex) ... 333, 2372
Voltaren Tablets (Geigy) ... 309, 996

SALICYLATES
Asacol Delayed-Release Tablets (Procter & Gamble Pharmaceuticals) ... 323, 1805
Disalcid Capsules (3M Pharmaceuticals) ... 315, 1276
Disalcid Tablets (3M Pharmaceuticals) ... 315, 1276
Dolobid Tablets (Merck & Co., Inc.) ... 319, 1449
Mono-Gesic Tablets (Central Pharmaceuticals) ... 307, 790
Pentasa (Marion Merrell Dow) ... 316, 1315
Rowasa Rectal Suppositories, 500 mg (Solvay) ... 2307
Rowasa Rectal Suspension Enema 4.0 grams/unit (60 mL) (Solvay) ... 331, 2307
Salflex Tablets (Carnrick) ... 307, 783
Trilisate Liquid (Purdue Frederick) ... 1828
Trilisate Tablets (Purdue Frederick) ... 323, 1828

STEROIDS & COMBINATIONS
AeroBid Inhaler System (Forest Pharmaceuticals) ... 309, 948
Aerobid-M Inhaler System (Forest Pharmaceuticals) ... 309, 948
Aristocort Suspension (Forte Parenteral) (Fujisawa) ... 959
Aristocort Suspension (Intralesional) (Fujisawa) ... 959
Aristospan Suspension (Intra-articular) (Fujisawa) ... 962
Aristospan Suspension (Intralesional) (Fujisawa) ... 962
Azmacort Oral Inhaler (Rhone-Poulenc Rorer Pharmaceuticals Inc.) ... 324, 1845
Beclovent Inhalation Aerosol and Refill (Allen & Hanburys) ... 303, 474
Beconase AQ Nasal Spray (Allen & Hanburys) ... 304, 475
Beconase Inhalation Aerosol & Refill (Allen & Hanburys) ... 303, 304, 475
Celestone Soluspan Suspension (Schering) ... 2130
Cortenema (Solvay) ... 2298
Cortifoam (Reed & Carnrick) ... 324, 1836
Cortone Acetate Sterile Suspension (Merck & Co., Inc.) ... 1420
Cortone Acetate Tablets (Merck & Co., Inc.) ... 319, 1421
Decadron Elixir (Merck & Co., Inc.) ... 1428
Decadron Phosphate Injection (Merck & Co., Inc.) ... 1431
Decadron Phosphate Respihaler (Merck & Co., Inc.) ... 1437
Decadron Phosphate Turbinaire (Merck & Co., Inc.) ... 1439
Decadron Phosphate with Xylocaine Injection, Sterile (Merck & Co., Inc.) ... 1434
Decadron Tablets (Merck & Co., Inc.) ... 319, 1429
Decadron-LA Sterile Suspension (Merck & Co., Inc.) ... 1441
Deltasone Tablets (Upjohn) ... 333, 2407
Depo-Medrol Single-Dose Vial (Upjohn) ... 2412
Depo-Medrol Sterile Aqueous Suspension (Upjohn) ... 333, 2409
Epifoam (Reed & Carnrick) ... 324, 1838
Hydeltrasol Injection, Sterile (Merck & Co., Inc.) ... 1460
Hydeltra-T.B.A. Sterile Suspension (Merck & Co., Inc.) ... 1462
Hydrocortone Acetate Sterile Suspension (Merck & Co., Inc.) ... 1463
Hydrocortone Phosphate Injection, Sterile (Merck & Co., Inc.) ... 1465
Hydrocortone Tablets (Merck & Co., Inc.) ... 319, 1467
Medrol Dosepak Unit of Use (Upjohn) ... 333, 2431
Medrol Tablets (Upjohn) ... 333, 2431
Nasacort Nasal Inhaler (Rhone-Poulenc Rorer Pharmaceuticals Inc.) ... 324, 1856
ProctoCream-HC (Reed & Carnrick) ... 324, 1841
Proctofoam-HC (Reed & Carnrick) ... 324, 1842
Solu-Cortef Sterile Powder (Upjohn) ... 2447
Solu-Medrol Sterile Powder (Upjohn) ... 334, 2449
Vancenase AQ Nasal Spray 0.042% (Schering) ... 328, 2175
Vancenase PocketHaler Nasal Inhaler (Schering) ... 328, 2174
Vanceril Inhaler (Schering) ... 328, 2176
VoSoL HC Otic Solution (Wallace) ... 2484

OTHER
Kutapressin Injection (Schwarz Pharma) ... 2180
Plaquenil Sulfate Tablets (Sanofi Winthrop Pharmaceuticals) ... 327, 2113

ANTILIPEDEMIC
(see HYPOLIPIDEMICS)

ANTIMETABOLITES
(see ANTINEOPLASTICS)

ANTIMETAL POISONING
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ANTIMYCOTICS
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ADJUNCT
Ergamisol Tablets (Janssen) ... 312, 1087
Ganite Injection (Fujisawa) ... 968
Leukine for IV Infusion (Immunex) ... 1068
Neupogen for Injection (Amgen) ... 304, 504
Zofran Injection (Cerenex) ... 308, 795
Zofran Tablets (Cerenex) ... 308, 797

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Eulexin Capsules (Schering) ... 328, 2138
Lupron Depot 7.5 mg (TAP Pharmaceuticals) ... 333, 2385
Lupron Injection (TAP Pharmaceuticals) ... 2381

ANTIBIOTIC DERIVATIVES
Adriamycin PFS (Adria) ... 458
Adriamycin RDF (Adria) ... 459
Blenoxane (Bristol-Myers Oncology) ... 653
Cerubidine (Wyeth-Ayerst) ... 2526
Cosmegen Injection (Merck & Co., Inc.) ... 1423
Doxorubicin Hydrochloride for Injection, USP (Astra) ... 539
Doxorubicin Hydrochloride for Injection, USP (Cetus Oncology) ... 799
Doxorubicin Hydrochloride Injection, USP (Cetus Oncology) ... 799
Idamycin for Injection (Adria) ... 461

ANTIESTROGEN
Nolvadex Tablets (ZENECA PHARMACEUTICALS) ... 337, 2630

ANTIMETABOLITES
Cerubidine (Wyeth-Ayerst) ... 2526
Efudex Cream (Roche Dermatologics) ... 1907
Efudex Solutions (Roche Dermatologics) ... 1907
Fludara for Injection (Berlex) ... 304
Fluorouracil Injection (Roche Laboratories) ... 1924
Sterile FUDR (Roche Laboratories) ... 1925
Intron A (Schering) ... 2147
Methotrexate Sodium Tablets, for Injection and LPF Injection (Immunex) ... 1072
Mithracin (Miles Pharmaceutical) ... 1585
Nipent for Injection (Parke-Davis) ... 322, 1762
Purinethol Tablets (Burroughs Wellcome) ... 307, 740
Roferon-A Injection (Roche Laboratories) ... 1947
Thioguanine Tablets, Tabloid Brand (Burroughs Wellcome) ... 307, 756

CYTOTOXIC AGENTS
Adriamycin PFS (Adria) ... 458
Adriamycin RDF (Adria) ... 459
BiCNU (Bristol-Myers Oncology) ... 651
CeeNU (Bristol-Myers Oncology) ... 654
Cerubidine (Wyeth-Ayerst) ... 2526
Cytosar-U Sterile Powder (Upjohn) ... 2405
Cytoxan for Injection (Bristol-Myers Oncology) ... 306, 655
Cytoxan Tablets (Bristol-Myers Oncology) ... 306, 655
Doxorubicin Hydrochloride for Injection, USP (Astra) ... 539
Doxorubicin Hydrochloride for Injection, USP (Cetus Oncology) ... 799
Doxorubicin Hydrochloride Injection, USP (Cetus Oncology) ... 799
Emcyt Capsules (Kabi Pharmacia) ... 313, 1113
Hexalen Capsules (U.S. Bioscience) ... 333, 2390
Hydrea Capsules (Immunex) ... 1064
IFEX (Bristol-Myers Oncology) ... 306, 657
Intron A (Schering) ... 2147
Matulane Capsules (Roche Laboratories) ... 326, 1941
Mutamycin (Bristol-Myers Oncology) ... 306, 661
Myleran Tablets (Burroughs Wellcome) ... 307, 731
Neosar (Adria) ... 465
NEOSAR Lyophyilized (Adria) ... 2640
Novantrone for Injection Concentrate (Immunex) ... 1076
Paraplatin for Injection (Bristol-Myers Oncology) ... 306, 662
Platinol (Bristol-Myers Oncology) ... 666
Platinol-AQ Injection (Bristol-Myers Oncology) ... 306, 668
Roferon-A Injection (Roche Laboratories) ... 1947
Taxol (Bristol-Myers Oncology) ... 306, 670
Vumon (Bristol-Myers Oncology) ... 674
Zanosar Sterile Powder (Upjohn) ... 2459

HORMONES
Depo-Provera (Upjohn) ... 2417
Emcyt Capsules (Kabi Pharmacia) ... 313, 1113
Estrace (Mead Johnson Laboratories) ... 318, 1369
Lupron Depot 7.5 mg (TAP Pharmaceuticals) ... 333, 2385
Lupron Injection (TAP Pharmaceuticals) ... 2381
Megace Tablets (Bristol-Myers Oncology) ... 306, 659
Sandostatin Injection (Sandoz Pharmaceuticals) ... 327, 2077
Stilphostrol Tablets and Ampuls (Miles Pharmaceutical) ... 320, 1591
TACE 12 mg Capsules (Marion Merrell Dow) ... 317, 1326
TACE 25 mg Capsules (Marion Merrell Dow) ... 317, 1326
Teslac (Bristol-Myers Oncology) ... 672
Zoladex (ZENECA PHARMACEUTICALS) ... 337, 2638

IMMUNOMODULATORS
Proleukin for Injection (Cetus Oncology) ... 801

NITROGEN MUSTARD DERIVATIVES
Alkeran for Injection (Burroughs Wellcome) ... 686
Alkeran Tablets (Burroughs Wellcome) ... 306, 688
Emcyt Capsules (Kabi Pharmacia) ... 313, 1113
Leukeran Tablets (Burroughs Wellcome) ... 307, 722
Mustargen (Merck & Co., Inc.) ... 1500
Thiotepa (Immunex) ... 415, 1078

STEROIDS & COMBINATIONS
Celestone Soluspan Suspension (Schering) ... 2130

OTHER
DTIC-Dome (Miles Pharmaceutical) ... 1579
Elspar (Merck & Co., Inc.) ... 1453
Leucovorin Calcium for Injection (Immunex) ... 1065
Leucovorin Calcium Tablets (Immunex) ... 1067
Leustatin (Ortho Biotech) ... 1651
Lysodren (Bristol-Myers Oncology) ... 658
Oncovin Solution Vials & Hyporets (Lilly) ... 1253
TheraCys BCG Live (Intravesical) (Connaught) ... 854
Velban (Lilly) ... 1268
VePesid Capsules and Injection (Bristol-Myers Oncology) ... 306, 673

ANTIOXIDANTS
Protegra Vitamin & Mineral Supplement (Lederle) ... 314, 1185

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ARTHROPODS

LICE
A-200 Lice Control Spray and Kit (SmithKline Beecham) ... 329, 2228
A-200 Pediculicide Shampoo Concentrate (SmithKline Beecham) ... 329, 2229
Rid Lice Control Spray (Pfizer Consumer Health Care) ... 1779
Rid Lice Killing Shampoo (Pfizer Consumer Health Care) ... 1779

SCABIES
Elimite (permethrin) 5% Cream (Allergan Herbert) ... 485
Eurax Cream & Lotion (Westwood-Squibb) ... 2491

HELMINTHS

ASCARIS (ROUNDWORM)
Mintezol Chewable Tablets (Merck & Co., Inc.) ... 319, 1495
Mintezol Suspension (Merck & Co., Inc.) ... 1495
Vermox Chewable Tablets (Janssen) ... 312, 1103

ENTEROBIUS (PINWORM)
Mintezol Chewable Tablets (Merck & Co., Inc.) ... 319, 1495
Mintezol Suspension (Merck & Co., Inc.) ... 1495
Vermox Chewable Tablets (Janssen) ... 312, 1103

HOOKWORM
Mintezol Chewable Tablets (Merck & Co., Inc.) ... 319, 1495
Mintezol Suspension (Merck & Co., Inc.) ... 1495
Vermox Chewable Tablets (Janssen) ... 312, 1103

STRONGYLOIDS (THREADWORM)
Mintezol Chewable Tablets (Merck & Co., Inc.) ... 319, 1495
Mintezol Suspension (Merck & Co., Inc.) ... 1495

TAENIA (TAPEWORM)
Atabrine Hydrochloride Tablets (Sanofi Winthrop Pharmaceuticals) ... 2087
Niclocide Chewable Tablets (Miles Pharmaceutical) ... 320, 1588

TREMATODES (SCHISTOSOMES)
Biltricide Tablets (Miles Pharmaceutical) ... 320, 1570

TRICHURIS (WHIPWORM)
Mintezol Chewable Tablets (Merck & Co., Inc.) ... 319, 1495
Mintezol Suspension (Merck & Co., Inc.) ... 1495
Vermox Chewable Tablets (Janssen) ... 312, 1103

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AMEBAS, EXTRAINTESTINAL
Aralen Hydrochloride Injection (Sanofi Winthrop Pharmaceuticals) ... 2085
Aralen Phosphate Tablets (Sanofi Winthrop Pharmaceuticals) ... 327, 2086
Flagyl Tablets (Searle) ... 329, 2208
Protostat Tablets (Ortho Pharmaceutical) ... 321, 1704

AMEBAS, INTESTINAL
Flagyl Tablets (Searle) ... 329, 2208
Protostat Tablets (Ortho Pharmaceutical) ... 321, 1704
Yodoxin (Glenwood) ... 1025

GIARDIAS
Atabrine Hydrochloride Tablets (Sanofi Winthrop Pharmaceuticals) ... 2087

MALARIA
Aralen Hydrochloride Injection (Sanofi Winthrop Pharmaceuticals) ... 2085
Aralen Phosphate Tablets (Sanofi Winthrop Pharmaceuticals) ... 327, 2086
Atabrine Hydrochloride Tablets (Sanofi Winthrop Pharmaceuticals) ... 2087
Daraprim Tablets (Burroughs Wellcome) ... 306, 695
Fansidar Tablets (Roche Laboratories) ... 325, 1923
Lariam Tablets (Roche Laboratories) ... 326, 1937
Plaquenil Sulfate Tablets (Sanofi Winthrop Pharmaceuticals) ... 327, 2113

TOXOPLASMA
Daraprim Tablets (Burroughs Wellcome) ... 306, 695

TRICHOMONAS
Flagyl Tablets (Searle) ... 329, 2208
Protostat Tablets (Ortho Pharmaceutical) ... 321, 1704

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(see PSYCHOTROPICS)

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Arthritis Pain Ascriptin (Rhone-Poulenc Rorer Consumer) ... 1866
Regular Strength Ascriptin Tablets (Rhone-Poulenc Rorer Consumer) ... 1866
Feverall Infant's Suppositories (Upsher-Smith) ... 2463
Feverall Junior Strength Suppositories (Upsher-Smith) ... 2463
FEVERALL Sprinkle Caps Powder (Upsher-Smith) ... 2463
Children's Motrin Ibuprofen Suspension (McNeil Consumer) ... 317, 1335
Trilisate Liquid (Purdue Frederick) ... 1828
Trilisate Tablets (Purdue Frederick) ... 323, 1828
Tylenol acetaminophen Children's Chewable Tablets & Elixir (McNeil Consumer) ... 317, 1339
Tylenol acetaminophen Children's Suspension Liquid (McNeil Consumer) ... 1339
Tylenol, Extra Strength, acetaminophen Adult Liquid Pain Reliever (McNeil Consumer) ... 1341
Tylenol, Extra Strength, acetaminophen Gelcaps, Geltabs, Caplets, Tablets (McNeil Consumer) ... 317, 1340